

**"I Guess I Didn't Like That Word Unfortunately":  
Standardized Patients' Unscripted Techniques for Training  
Medical Students.**

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1       **Title:**

2       “I guess I didn’t like that word *unfortunately*”: Standardized patients’ performative  
3       technique of “Repair Request” with medical trainees

4

5

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20

21 **Abstract**

22

23 Introduction: This article focuses on standardized patients' (SP) performance in a context of  
24 breaking bad news education. It explores a performative technique in which the SP explicitly  
25 repeats one or more of the medical student's words, and analyzes the function and impact of  
26 this technique.

27

28 Methods: The study employs Conversation Analysis to examine pedagogical strategies  
29 embedded in the SPs verbal performance. It explores so-called echo utterances, through  
30 which the SP repeats all or part of what the student has said. In doing so the study utilizes the  
31 concept of repair in analyzing the SPs echo utterances, observing especially situations in  
32 which the SP initiates a request for the student to repair their utterance.

33

34 Results: SPs use the technique of "Repair Request" to increase the students' awareness  
35 of their verbal communication and thus allow the student to rehearse their communication skills  
36 by re-formulating their utterances in character. Most of the repair procedures were initiated  
37 when the SP portrayed an angry patient. These Repair Requests include the patient's disbelief,  
38 or nonalignment with the physician, such as being offended by the physician claiming to know  
39 how they feel.

40

41 Conclusions: The technique of Repair Request is intended to heighten the student's language  
42 sensitivity, including the timing of presenting information. The technique resembles authentic  
43 medical practice in that it mirrors the need for physicians to be able to solve criticism or  
44 misunderstanding in-character. The technique could be rehearsed and used consciously in  
45 other simulation scenarios as well.

## 46 **1. Introduction**

47 Standardized patients (SPs) are individuals who have been carefully recruited and trained to  
48 simulate the role of a patient in various clinical scenarios for educational purposes.  
49 Standardized patients work, for instance, with medical students to help them practice their  
50 clinical and interpersonal skills in preparation for their medical licensing exams. Due to their  
51 role in high-stakes assessments of medical student competencies, SPs are required to ensure  
52 the “standard” of a consistent patient portrayal, thus providing each student an equal learning  
53 and evaluation opportunity. At the same time, SPs must convincingly simulate authentic patient  
54 behavior and react spontaneously to what the student says or does, or doesn’t say or do.  
55 Therefore, standardized patients’ work inherently involves a tension between standardization  
56 and authenticity. The balance between standardization and authenticity is particularly delicate  
57 in the learning context of “breaking bad news,” in which the students learn to deliver  
58 unfavorable medical information to a patient. Ideally such an encounter is deeply human,  
59 authentic, and empathic, yet the interaction is also a highly structured simulation governed by  
60 clinical protocols and checklists. While the Breaking Bad News (BBN) scenario has a script  
61 that guides the SP performance in many ways, their performance includes improvisatory  
62 dimensions, which are not requested by the faculty, or documented or studied in detail. Some  
63 of these improvisational methods have, in time, established themselves as what could be seen  
64 as educational techniques developed by the SPs. This article advances a view in which  
65 standardized patients are seen as educators controlling their own technology and  
66 methodology<sup>1</sup>. Our work aims to fill gaps in research on tacit techniques SPs have established  
67 through years of practice and “peer-reviewing” each other’s performance. Many of these  
68 techniques are currently lost when the SP retires. This article focuses on one such technique,  
69 by which the SP explicitly repeats one or more of the student’s words. It analyzes the different  
70 reasons for, and impact of this educational intervention; in this view the exploration of the types

71 of utterances that trigger the SP's speech repetition unveils some of the students' challenges  
72 and pitfalls in presenting bad news to patients.

73

74 While aspects of the SP work has previously been discussed in terms of dramatic arts<sup>2</sup>, their  
75 performance is typically studied in terms of its accuracy and consistency<sup>3</sup>, and, simultaneously,  
76 criticized for being inflexible and inauthentic. Thus their improvisational capacities are either  
77 being disciplined as flaws, or considered of a lesser "standard" than theatre actors'  
78 improvisation skills<sup>4</sup>. Furthermore, SPs are often objectified; they are called "tools" that are  
79 being "used"<sup>5</sup> and their training may involve mechanizing components such as learning an  
80 "angry-algorithm"<sup>6</sup> and ANGER acronym to trigger the bad mood<sup>7</sup>. While SPs' educational  
81 capacities are increasingly acknowledged, this often concerns their ability to give feedback  
82 *after* coming out of their role<sup>8</sup>, instead of during their role portrayal. Even though there exist  
83 educational methods that generate feedback before the simulation encounter is over, for  
84 instance, a "time-in, time-out", these often involve *instructors* deciding whether the student  
85 should "re-do" certain parts of the dialogue<sup>9</sup>, instead of exploring the ways SPs elicit "re-doing"  
86 in-character during the dialogue. In contrast, this article focuses on an improvisational  
87 technique through which SPs give feedback to the student on the fly, *in-character*, performing  
88 reflection-in-action<sup>10</sup>.

89

90 A "breaking bad news" encounter is particularly charged with words that may mean different  
91 things to the physician and the patient. A common example of such a multi-meaning word is  
92 "tumor." While by tumor a doctor typically refers to either a benign or malign neoplasm, many  
93 patients associate the word's meaning with cancer and death<sup>11</sup>. This paper focuses on  
94 situations in which the SPs use representation of the student's 'original' speech, by repeating  
95 what could be called "trigger words," which sound alarming, unclear or inappropriate to them,

96 or that the students use too casually. The SPs thus perform *echo utterances*, meaning that  
97 their wording repeats all or part of what the previous speaker has said<sup>12</sup>. Although echo  
98 utterances can be utilized as a conscious educational technique, they emerge as part of the  
99 improvisational dimension of the SP work. Echo utterances may have many benefits in  
100 developing students' awareness of their vocabulary and presentation. For instance, the  
101 technique helps the student to realize how (differently) the SP perceived what they've just said,  
102 and do a spontaneous rerun to rectify the situation. The student is thus allowed to hear an  
103 echo of himself or herself, as the SP partly or wholly mirrors the student's utterance.

104

105

## 106 **2. Method**

107 This film-based ethnographic inquiry has two parallel tracks: 1. To explore SPs' performative  
108 techniques in portraying a BBN scenario, and 2. To create a film that translates these  
109 techniques to be employed in SP training and complementing BBN classes in medical  
110 education<sup>13</sup>. This paper focuses on the first strand, especially on the technique, meaning and  
111 function of the SP's echoed utterances.

112

113 The data consists of three 90-minute sessions of a breaking bad news class given in the  
114 University of Texas to third year medical students. It includes nine student encounters  
115 (female=4, male=5) with two female SPs who have specialized in the BBN scenario for many  
116 years, as well as the tutor and peer feedback in-between each student encounter. The original  
117 BBN scenario has been adapted from the 1996 Southern California Macy Consortium. This  
118 class is part of the third year clerkship in the Internal Medicine Department, generally having  
119 about 240 students per year go through this exercise. In each session, three students volunteer  
120 one at a time to participate in an SP encounter lasting approximately 12 minutes in front of a

121 large classroom. These sessions have been video recorded and verbatim transcribed. The  
122 authors have recorded two of these sessions with two cameras in 2016; one of the recordings  
123 was done by the faculty a few years earlier and made available to the authors. In addition, the  
124 authors have witnessed several BBN sessions in preparation for the study. In all these  
125 sessions, the same two SPs, as requested by faculty, exhibit three main personality types or  
126 moods; sad, angry, and unfocused, and they are instructed not be too “easy on the student.”  
127 The analysis of these three distinct characters and their function will be presented in another  
128 paper.

129  
130 The study employs Conversation Analysis (CA) to examine educational strategies embedded  
131 in the SPs’ verbal performance. Conversation analysis is an approach to the study of practices  
132 of speaking in a variety of contexts and settings. It has been previously applied to physician-  
133 patient interaction, and its potential has been recognized in medical education studies<sup>14</sup>.  
134 However, to our knowledge, CA has not been utilized to study SP work, or the breaking bad  
135 news simulation in particular. The analysis typically begins with an observation of something  
136 in the recorded data: in this study, the analysis begins with the SPs’ repetition of the students’  
137 words in the breaking bad news conversation. Originating from research in conversation  
138 analysis, this study utilizes the concept of *repair* in analyzing the SPs’ echo utterances. In CA  
139 the repair practices undertake trouble in speaking, hearing, or understanding<sup>15</sup>. Hoey and  
140 Kendrick<sup>16</sup> identify three basic components in a repair procedure: trouble source (e.g., an  
141 unfamiliar word), repair initiation (i.e., a signal that begins a repair procedure), and repair  
142 solution (e.g., a rephrasing of the unfamiliar word). Either the speaker of the trouble source or  
143 its recipient can initiate a repair procedure and/or produce a repair solution, thus the repair can  
144 be either self-initiated or other-initiated<sup>16</sup>. Repetition is one of the ways for the initiation of  
145 repair<sup>17</sup>. Observation in this study is directed at *other-initiated self-repair*: the student’s

146 utterance is the trouble source for the SP, instead of the student self. The SP subsequently,  
147 often by repeating the student partially or wholly, requires the student to re-formulate, thus  
148 repair, their previous utterance. In computer terms, the SPs here conduct performative  
149 “speech-mining” and a form of “undoing” the student’s previous utterance. This allows the  
150 student to reconsider and reframe what they just said, thus taking a step back while staying in  
151 character. This may be a repetition of an entire sentence, or a selected key word that has  
152 triggered the SP either as inappropriate, alarming, vague or including medical jargon. The  
153 repetition may concern a sentence with or without a question, and repeat the whole question  
154 or only part of it. The SP may also initiate the repair by asking another question, which includes  
155 the trigger word: “What do you mean by biopsy”? Such questions differ from questions the SPs  
156 ask unrelated to the student’s vocabulary, such as: “Am I going to die?” Three aspects of the  
157 data will be addressed: 1. the frequency of repair initiation by the SPs; 2. the types and  
158 functions of their repair initiation; and 3. the methods that students use to self-repair their  
159 utterances.

160

### 161 **3. Results**

162 SPs use *other-initiated self-repair* or the technique of “Repair Request” to increase the  
163 students’ awareness of their verbal communication, and allow the students to rehearse their  
164 communication skills by re-formulating their utterances in character. Aspects especially  
165 addressed by the SPs’ Repair Requests are students’ used vocabulary and grammatical  
166 nuances, such as speaking in conditional, and the usage of certain key words and terms.  
167 Repair Request also points at the importance of the temporal dimension of the BBN encounter,  
168 in terms of proceeding too slow or too fast regarding the patient’s behavior.



169 In the nine student encounters the SPs initiated 36 repair procedures in the student's speech.  
170 20 of these instances were signaled by repeating one or more of the student's words. Most of  
171 the repair procedures (n=29) were initiated in an angry character. The trigger utterances for  
172 repair initiation include words such as unfortunately, might, suspicious, concern, large, cancer,  
173 sooner and detail. SPs integrate these words in their dialogue, for instance, by saying "what  
174 do you mean *might*?" or "Sooner sooner, 1 week, 2 weeks, 3 weeks: I mean what is sooner to  
175 you?" The repair initiation in this data emerges from the performance of the angry patient in  
176 particular.

177

### 178 Correcting inappropriate utterances

179 Physicians typically solicit patients' presenting concerns with questions such as "What can I  
180 do for you today"<sup>18</sup>. In the context of breaking bad news, some of such solicitations derive from  
181 the SPIKES protocol, a six-step protocol developed for disclosing unfavorable medical  
182 information<sup>19</sup>. The protocol, for instance, guides the student to "ask before you tell", meaning  
183 that they should solicit information of what the patient knows of the purpose of the encounter.  
184 Although the SPIKES is not taught in the McGovern medical school as such, some students  
185 have either learned it elsewhere or studied it independently, and explicitly refer to it in the  
186 breaking bad news encounter debriefing. The instances described in this study unveil  
187 challenges related to physician solicitations, and SPs typically consider these inappropriate,  
188 responding with irony or sarcasm. They also openly criticize the SPIKES protocol in their  
189 feedback. In these situations, the repair initiation is a vehicle for displaying a stance of disbelief  
190 or nonalignment with the physician<sup>17</sup>: "*Say it again, what did you just say?*" In fact, as relative  
191 outsiders to the medical system, SPs may have an important role in questioning some of the  
192 accepted educational protocols from the patient's point of view: studies using medical trainees

193 as simulated patients, in comparison, note a lack of criticism about medical jargon and  
194 acronyms<sup>20</sup>.

195

196 *Doctor: So, what's your understanding of what's going on?*

197 *Patient: My understanding of what's going on? My understanding is that y'all are*  
198 *putting me through hell to, because they saw something on my x-ray.*

199 *[...]*

200 *Doctor: How do you want me to tell you about this?*

201 *Patient: Well, I want you to say it with your mouth.*

202 *Doctor: Do you want me just to tell you directly?*

203 *Patient: Well what are you going to do?*

204 *Doctor: Okay, all right some people have different preference about who they*  
205 *want us to tell.*

206 *Patient: No, that's not me, I'm an adult and I may not have acted like one today*  
207 *but I am.*

208 *Doctor: It's okay, so, your CT shows changes that are consistent with lung*  
209 *cancer.*

210

211 Another genre of perceived inappropriate utterances concerns the student claiming to know  
212 how the SP feels after hearing the bad news, or guessing out loud how the patient may feel.  
213 Four of the nine encounters involved a situation in which the SP corrected the student who  
214 was claiming to understand what the patient's experience was like. SPs seem to react to this  
215 quite sensitively, for instance, in the sequence below, while the student does not literally claim  
216 to know what the patient feels, the SP reacts to the student's attempt to label the patients  
217 feelings.

218

219 *Doctor: So does that kind of make you a little more fearful?*

220 *Patient: What do you think? How would you feel if somebody was sticking a*  
221 *needle in your lung?*

222 *Doctor: I can understand you must have a lot of fears and a lot questions*  
223 *about what is going to happen.*

224 *Patient: How do you know what I feel really except that I'm angry and I'm*  
225 *unhappy and I wish my own doctor were here and I don't know how*  
226 *the hell I'm going to pay for this biopsy. I came down here to pick up a*  
227 *piece of paper and I'm getting this conversation. So pardon me if you*  
228 *can't understand how I feel but I don't really know how I feel.*

229

230 *Ambiguous words and medical jargon*

231 The following dialogue demonstrates to the student how the patient equates the word  
232 unfortunate with something bad. She requests the student to repair.

233

234 *Doctor: Unfortunately we found some findings [...] We sort of need more testing*  
235 *to figure out exactly what's going on.*

236 *Patient: I guess I didn't like that word unfortunately. [...] I guess I don't*  
237 *understand what you are trying to tell me.*

238 *Doctor: Okay, so the reason I say unfortunately is because unfortunately it's not*  
239 *just something wrong with the imaging that we suspected it to be. It*  
240 *doesn't necessarily mean that this is a bad thing we are not quite sure*  
241 *what it is.*

242 *Patient: Oh! So it's not bad oh! Thank God. I was thinking it's something bad.*

243 Next sequence is related to the SPIKES protocol and the student's excessive question asking  
244 before telling the patient anything. The SP repeats the words to the student requesting them  
245 to go to the point quicker.

246

247 *Doctor: Okay, do you have any suspicions or concerns with things we are*  
248 *looking at your lungs?*

249 *Patient: Well I'm starting to get suspicious and concerned now about what you*  
250 *are telling me, why don't you tell me what it is that you saw?*

251 *Doctor: So, I'm afraid we found a mass in your right lung, it's a bit large. [...]*  
252 *The radiologist believes that its primary lung cancer. Would you like to*  
253 *know more details about the report on what was found?*

254 *Patient: Oh! At some point I'm sure I will, right now I'm just concerned about*  
255 *the word large and the word cancer.*

256

257 In both these encounters the student repair fails in that their repair introduces yet another  
258 trouble the SP initiates a repair for. The first repair initiation implies that the student goes on  
259 for too long to warn that there is bad news coming. The second repair, on the other hand,  
260 refers to a pause the patient may need when word combinations such as cancer and large are  
261 being introduced. Thus, both of these repair initiatives relate to the rhythm of the dialogue: first,  
262 the student is, according to the SP, taking too long to get into the point, and then, proceeding  
263 too quickly, though asking about it, after labeling the findings. The repair initiation can thus  
264 request a leap backwards or forwards in the encounter, though as a technique it always  
265 requires the student to undo the previous utterance. Another learning curve relates to the  
266 combination and connotations of certain words, and how the patient may hear selectively only  
267 a few words of the sentence.

268            *Doctor:        Okay, all right, so, we found some evidence, potential evidence of*  
269    *some early metastasis to the mediastinum. We're going to...*

270            *Patient:        To the what?*

271  
272            A variation of Repair Request originates from the rhythmic mismatch between the student and  
273            the SP: the student has already proceeded to explain further tests required, while the patient  
274            is still waiting to hear what the imaging showed. This situation's core trouble is not necessarily  
275            the usage of ambiguous words but an absence of necessary words.

276

277            *Doctor:        It is recommended that we do a biopsy.*

278            *Patient:        Would you just be a little honest and tell me what you think that this is?*

279            *Doctor:        Look right now without the...*

280            *Patient:        I feel like you just have some kind of information that information that*  
281    *you don't want me to see. I'm getting this feeling from you and I just kind*  
282    *of don't understand what you are telling me.*

283

#### 284            **4. Discussion**

285            This study discusses a performative technique termed Repair Request that emerges from the  
286            SPs' work in the breaking bad news scenario. The technique has been developed  
287            collaboratively with several SPs involved with BBN simulation in the McGovern Medical  
288            School, as they watch and provide feedback on each other's performance throughout the  
289            years. Though concentrating on used vocabulary and other aspects in the student's speech,  
290            the purpose of this technique is not to arrive at a list of forbidden words, but to generally  
291            heighten the student's language sensitivity, including the timing of presenting information. For  
292            instance, SPs use the technique both to indicate when the student appears to be avoiding

293 using a particular term, or using it too lightly, and when they should moderate the pace of the  
294 conversation according to the patient's needs.

295

296 It's been noted that SPs are more conversationally dominant than actual patients would be<sup>21</sup>.

297 However, in many ways the SPs' technique represents an aspect of authentic clinical

298 conversation: actual patients are also sensitive to the physician's communication, and patients

299 do, for instance, "correct" their physician when experiencing solicitations inappropriate for their

300 concerns<sup>18</sup>. Furthermore, the technique resembles authentic medical practice in that, in real

301 life too, the physician needs to be able to solve any criticism or misunderstanding in-character.

302 This study proposes that authenticity means portraying the potential in patient encounters,

303 thinking that similar "dominant" behavior, such as critical questions, of the SP may be held as

304 *internal* dialogue by most patients. This does not mean the questions are not there or may not

305 arise later at home. In fact, many patients may not dare to confront their physicians. SPs thus

306 have an indirect patient advocate function here: to speak for all those patients who may have

307 similar questions and feelings without being able to voice them for one reason or another.

308 Seen from another perspective, "echo" has a metaphorical meaning as well: as the SPs not

309 only react to students' actual utterances but also to lack thereof, particular kinds of Repair

310 Requests demand the student to fill the void of an perceived hollowness in their narrative.

311

312 The purpose of this study was not to assess how realistic the SP's performance was,

313 considering that their sometimes-exaggerated behavior has important educational functions.

314 One of these may be integration and utilization of "failure" as a pedagogical technique.

315 Simulation may provide a unique space to expose and explore pitfalls in the student's

316 communication in a relatively safe manner: in teaching hospitals, for instance, the preceptors

317 typically avoid exposing the interns' errors, and there is a 'preference' for the speakers to

318 correct themselves<sup>22</sup>. For instance, because the SP character is eccentric, and the situation is  
319 knowingly a simulation, she may have freedom to say things that would be humiliating if spoken  
320 by a teacher or a peer. This raises complex questions about power-relations and disciplining  
321 in medical education. For instance, portraying the angry character includes particular risks:  
322 one of the SPs interviewed for this study withdrew from performing the bad news scenario after  
323 her angry character had made a student feel “crushed”. Apart from this case, however,  
324 integration of failure (and resolution) in-character has the potential to increase students’  
325 confidence in being able to think on their feet, for instance. The results of this study may inform  
326 the SP training as well: the technique could be rehearsed and used consciously in other  
327 scenarios. Furthermore, aspects of the SP performance may provide meaningful training  
328 materials for patient organizations, in terms of how (not) to prepare for a consultation, for  
329 instance.

330

331 This study has identified the performative technique of Repair Request that the SPs use to  
332 heighten the students’ language sensitivity, including the timing of presenting information. The  
333 technique resembles authentic medical practice in that it mirrors the need for physicians to be  
334 able to solve criticism or misunderstanding in-character, and it could be rehearsed and used  
335 consciously in other simulation scenarios as well. In performing the Repair Request technique,  
336 standardized patients are like flesh and blood mirrors, sometimes reflecting the student’s  
337 speech sharply, sometimes in a distorted (sarcastic) manner, but always with a purpose of  
338 allowing them to repeat and repair aspects of their communication in character. The study  
339 invites further research on tacit knowledge and pedagogical techniques embedded in SP work,  
340 to understand their capacity as reflective practitioners more fully. By knowing more of the  
341 improvisatory dimension of their performance, we learn about what kind of image of the doctor  
342 and the patient is embedded in educational simulations.

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### 435 **Ethics**

436 The Committee for the Protection of Human Subjects in the University of Texas Health Science  
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